

N07 000009107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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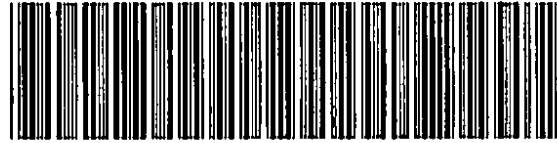
(Business Entity Name)

(Document Number)

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*Ra Resignation*

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OLD MILL PRESERVE HOMEOWNERS ASSOCIATION, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** NO7000009107

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Powers  
(Name of Person)

MELROSE MANAGEMENT PARTNERSHIP  
(Name of Firm/Company)

3527 PALM HARBOR BLVD.  
(Address)

PALM HARBOR, FL 34683  
(City/State and Zip Code)

For further information concerning this matter, please call:

William Powers at ( 407 ) 228-4181  
(Name of Person) (Area Code & Daytime Telephone Number)

2022 FEB 12 PM 3:14

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509

Florida Statutes, the undersigned, MELROSE MANAGEMENT PARTNERSHIP  
(Name of Registered Agent)

hereby resigns as Registered Agent for OLD MILL PRESERVE HOMEOWNERS  
(Name of Corporation)  
ASSOCIATION, INC

NO7 000009107  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

William Powers  
(Signature of Resigning Agent)

If signing on behalf of an entity:

William Powers  
(Typed or Printed Name)

PRESIDENT  
(Capacity)

2022 AUG 12 PM 3:14

**Fee for filing this document:**

- \$87.50 - Active Corporation
- \$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314